

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)</b>						SERIAL NO. <b>107030538</b>		FILING DATE	
						APPLICANT(S)			

  

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	18					
TOTAL CLAIMS	21					

  

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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